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CONFIRMATION NO. 3052

<b>SERIAL NUMBER</b> 10/781,422	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 18184-0006 C11
<b>APPLICANTS</b> Herbert W. Harris, Merion, PA; Robert F. Kucharik, Glenmoore, PA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/369,823 02/19/2003 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/30/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23973				
<b>TITLE</b> Method of lowering body temperature with (S)-2,3-benzodiazepines				
<b>FILING FEE RECEIVED</b> 712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	